

MAINE EMS
Continuing Education Hours (CEH)
Approval Request Form

This form must be submitted to a regional EMS office or a Maine EMS license training center seven (7) days prior to the date of the requested program/course. Please attach and submit a copy of the course outline or presentation and instructor qualifications with this request form.

Course Coordinator:

Name: _____ Phone #: _____
Email Address: _____

Course Information:

Course Name: _____

Course Type: Continuing Education AVOC PIFT

Regional Held: _____ City/Town Held: _____

Primary Instructor Name: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Will this course be offered on multiple dates? _____ If yes, please attach a list of dates and times.

Was this training developed as a result of a Quality Improvement Initiative? _____

Is this course service specific? _____ If yes, provide a reason it is not public in the attached course outline.

Physical Address of class: _____

Phone # for public inquiries: _____

Email for public inquiries: _____

Public Website
Brief description:

Course Categories:

<u>Category Name</u>	<u>Hrs Requested</u>	<u>Category Name</u>	<u>Hrs Requested</u>
Preparatory/Operations	_____ Hrs	Obstetrics, Pediatrics	_____ Hrs
Airway, Breathing, Circ	_____ Hrs	BLS Skills	_____ Hrs
Assessment	_____ Hrs	ALS Skills	_____ Hrs
Medical	_____ Hrs	Instructor Coordinator	_____ Hrs
Trauma	_____ Hrs		

A list of regional EMS offices and licensed training centers is available at the Maine EMS website. <http://www.maine.gov/ems/providers/training/center.html>

Approved By: _____ Date: _____
Course #: _____